	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								PERIAL NO. 09/654499 APPLICANT(S)				FILING DATE		
	(FUR US	E WITH	ORM P	10-875)		LAIM	IS .							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		1				*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.]		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1		<u> </u>	 	 				51		ļ	ļ		<u> </u>	ļ	
2 3		ļ 	├					52			-	-	 	ļ	
4			 	<u> </u>				53 54			 	 	 	 	
5			<u> </u>				1 1	55			\vdash	17		<u> </u>	
6]	56				<u> </u>		<u> </u>	
7				<u> </u>				57		<u> </u>	<u> </u>	1	<u> </u>	ļ	
8			 	-	-			58		 	ļ	<u> </u>	 	<u> </u>	
10			1				1 1	59 60				-	 -	 	
11							1 1	61						 	
12							1 1	62							
13								63							
14			<u> </u>	1	ļ			64					<u> </u>	ļ	
15			 -			<u> </u>	∤ ∤	65			ļ		<u> </u>	· · · · · ·	
16 17				1	ļ			66			-		 	-	
18							1	67 68			<u> </u>		}	 	
19				-				69					 -	·	
20			1					70							
21				1				71							
22 23			 	1		٠		72			ļ			ļ	
24							{ }	73					<u> </u>	 	
25			 	1	<u> </u>		1 1	74 75			 		 	 	
26								76							
27								77					<u></u>	1	
28								78							
30		-						79							
31							}	80	····				 		
32			·	1			1 1	81 82			<u> </u>				
33			1	1				83						 	
34				J			l	84							
35				1				85							
36			<u> </u>	1	ļ			86					<u> </u>		
37 38				1				87					ļ		
39			-=				}	88 89			ļ		<u> </u>	 	
40				1,			 	90					 	 	
41								91		-		· · · · · · ·	<u> </u>	<u> </u>	
42								92							
43	-		<u> </u>	-			[93							
44			 	 	L <u>-</u>			94			ļ		<u> </u>		
45 46		<u> </u>	 	+				95					 		
47					<u> </u>			96 97					<u> </u>	 	
48				7.				98			-		 	 	
49								99			<u> </u>		\vdash		
50				1				100							
TOTAL IND.		1	L			1		TOTAL IND.			6			1	
TOTAL DEP.								TOTAL DEP.		٠	42	ل.		ل ــــ	
TOTAL CLAIMS				5 5 100 40				TOTAL		DESIGNATION OF THE PERSON OF T	U.S	Pro Constant		F-0 103	
PTO-1360		John College	1	85. A. A. A. B.	L		<u></u>	CLAIMS		La Citata Care	US DE	and a harman	2	22.00	